



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
AUTHORIZED SIGNATURES FOR CDBG REQUESTS FOR FUNDS (SFM01)

NAME OF RECIPIENT		PROJECT #	
PERIOD OF CONTRACT TO	RECIPIENT FISCAL YEAR END DATE	CONTRACT #	
THE INDIVIDUALS NAMED BELOW ARE AUTHORIZED TO SIGN ALL REQUESTS FOR FUNDS (RFF) DOCUMENTS.			
TYPED NAME	TITLE	SIGNATURE EXACTLY AS IT APPEARS IN TYPED FORM	
CERTIFICATION: I certify that the above signatures are of the individuals authorized to co-sign requests for funds. (Note: This person must be the highest ranking elected official whose name is not listed above.)			
TYPED NAME:	TITLE	SIGNATURE	TELEPHONE () DATE
ADMINISTRATIVE CONTRACTS:		ACCOUNTING SYSTEM USED: <input type="checkbox"/> CDBG <input type="checkbox"/> OWN	
PROJECT ADMINISTRATOR: (person responsible for over-all supervision of the CDBG grant)			
TYPED NAME	TELEPHONE ()	FEDERAL EMPLOYER ID #:	
ADDRESS	CITY ZIP CODE		
FINANCIAL ASSISTANT: (person responsible for submitting requests for funds)		STATE USE ONLY FIELD STAFF FISCAL	
TYPED NAME	TELEPHONE ()		
ADDRESS	CITY ZIP CODE		
NOTE: Recipient should retain one copy and send two originally signed copies free of erasures or corrections to DED.			